



Application for Change/Transfer of Water Right

For Ecology Use
(Date Stamp)
RECEIVED

FEB 18 2014

Department of Ecology
Eastern Regional Office

For filing with the Department of Ecology *or* with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☐ Change point(s) of diversion/withdrawal
- ☒ Add point(s) of diversion/withdrawal
- ☐ Change/transfer place of use
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL
SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 2-18-2014
CHECK NO. 31450 FEE \$ 50/350
DATE ACCEPTED 3-5-2014 BY KLuf
CHANGE NO. CG3-05293C @1
COUNTY Spokane WRIA 55
SPECIAL AREA IRPP

SEPA: ☐ EXEMPT ☐ NOT EXEMPT
ECY CODING: 001-002-WR10285-000011
APP NO. 5293 PERMIT NO. 4951
CERT NO. 3779-A CERT OF CHG NO. _____

☐ I have participated in a pre-application conference with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Spokane County Water District No. 3	509-536-0121	509-534-3760
ADDRESS		
1225 N. Yardley Street		
CITY	STATE	ZIP CODE
Spokane	Washington	99212-7001
EMAIL ADDRESS (IF AVAILABLE)		
Scwd3@comcast.net		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
3779-A	Spokane County Water District No. 3 (SCWD3)
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

3. Point(s) of Diversion/Withdrawal: Add new point of withdrawal to consolidated water right

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Guy/Freya Well	3-4	NW	SE	10	26N	43E	36104.0201	
Dakota Well	3-5	NW	NE	8	26N	43E	36081.0102	
Freya/Farwell Well	3-6	SE	SW	3	26N	43E	36033.0148	
Cherry/Farwell Well	3-7	SW	SW	3	26N	43E	36033.0190	
Guy/Freya Well	3-13	NW	SE	10	26N	43E	36104.0204	
Helena Well	3-14	NW	NW	9	26N	43E	36092.0703	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Guy/Freya Well	3-4	NW	SE	10	26N	43E	36104.0201	
Dakota Well	3-5	NW	NE	8	26N	43E	36081.0102	
Freya/Farwell Well	3-6	SE	SW	3	26N	43E	36033.0148	
Cherry/Farwell Well	3-7	SW	SW	3	26N	43E	36033.0190	
Guy/Freya Well	3-13	NW	SE	10	26N	43E	36104.0204	
Helena Well	3-14	NW	NW	9	26N	43E	36092.0703	
Hawthorne Well	3-15	SE	NW	16	26N	43E	36165.9012	ACH-984

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
EXISTING: X YES ☐ NO PROPOSED: X YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use: NO CHANGE

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

5. Place of Use: NO CHANGE

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?	
X YES <input type="checkbox"/> NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): G3-23578C, 29-A, 3256-A, 6086-A, G3-00949C, & G3-26510C	

